

A Frame For Community Change: Improving Public Health

Deanna Zachary, Project Manager, Santa Cruz County Community Assessment Project

Blake Urbach-Buholz, Director of Evaluation & Development, Community Vision of Osceola County, FL

Gaye Morris Smith, Executive Director, Family Connection Partnership, Inc.



FROM COMMUNITY ASSESSMENTS TO COMMUNITY ACTION



www.AppliedSurveyResearch.org

Deanna Zachary, Project Manager

UMI Forum 2007

October 18 - 19, 2007 | The Brookings Institution


Watsonville Office
P.O. Box 1927
Watsonville, CA 95077 USA
(831) 728-1356


San Jose Office
991 West Hedding, Suite 102
San Jose, CA 95126 USA
(408) 247-8319

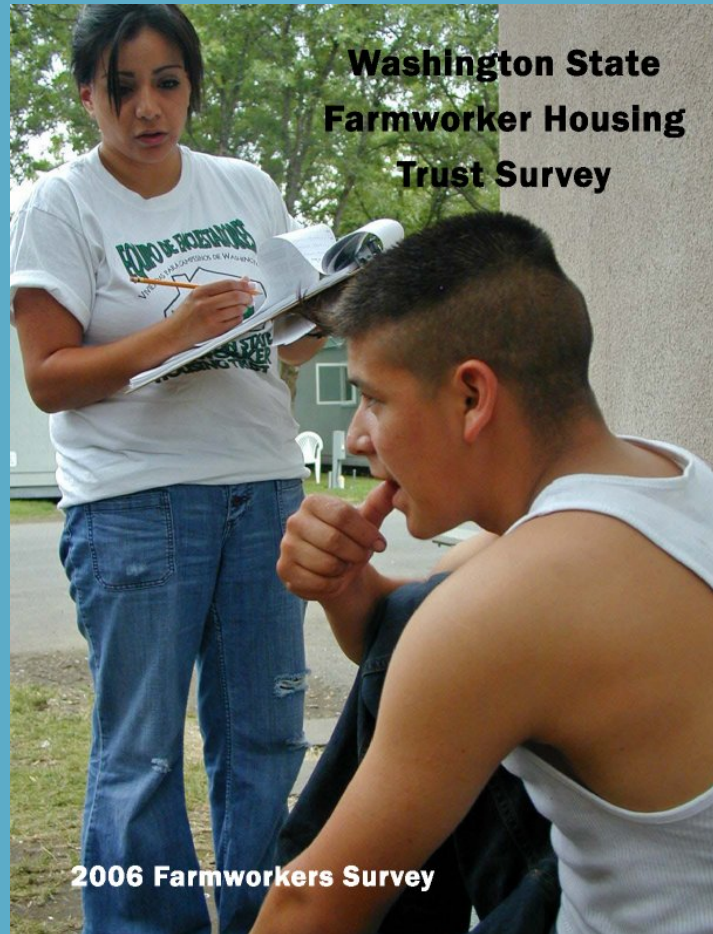
Today's Agenda

- Santa Cruz, California Community Assessment Project: Year 13
- Washington Farmworker Survey
- Homeless Census and Surveys
- Working with the media and legislators

Santa Cruz CAP Successes

- Reductions in teen substance abuse
- Development of universal health care for children including immigrant children, high use of health care
- Initiative to reduce binge drinking
- Initiative to reduce childhood obesity
- New studies: rape, homeless census and surveys, people with disabilities, co-occurrence

Farmworker Reports



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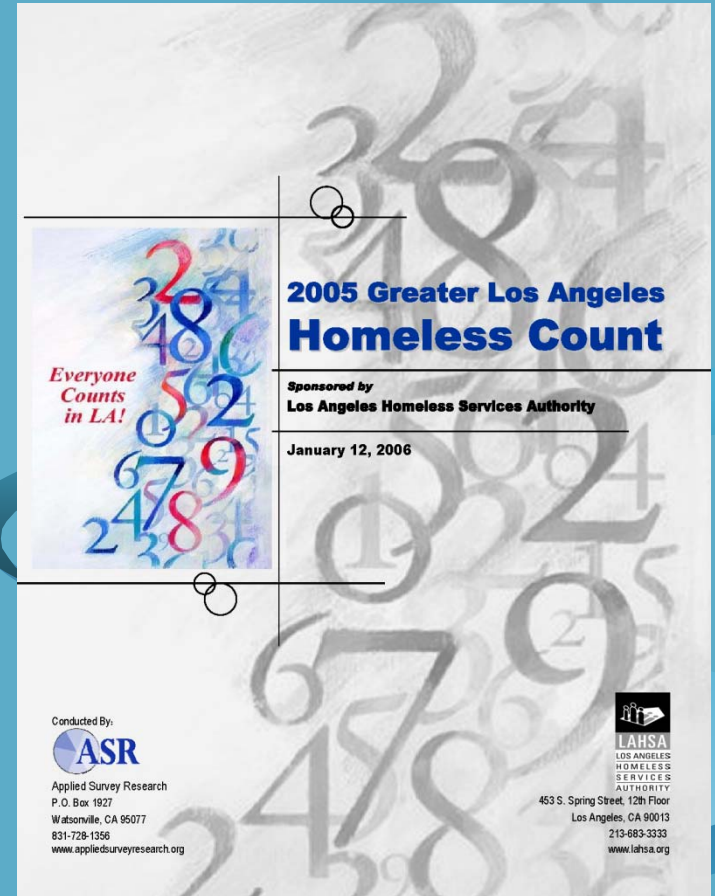
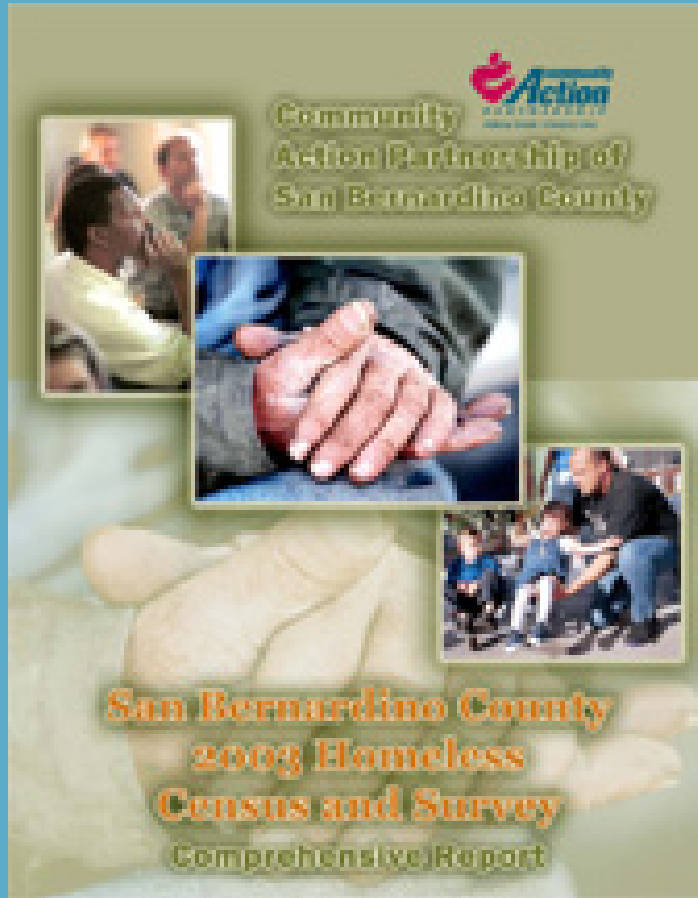




Washington Farmworkers

- One of the largest surveys in history, using the Promotores Model by training farmworkers to survey other farmworkers
- 3,000 Farmworkers
- Quality of Life Survey: health, domestic violence, pesticide exposure, housing status (water quality, pests, plumbing, heating in the house).

Homeless Reports



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Homeless Census

- Trained homeless “guides” are paired with community volunteers or service providers.
- Homeless know where homeless are likely to be found.
- Homeless have local knowledge of street geography.

Homeless Census

- Allows homeless workers to get involved in their community and give something back.
- Homeless workers get to use their knowledge and skills to contribute.
- Gets the community involved with the homeless and helps breakdown stereotypes about homeless people.
- Gets community members more involved with the community as a whole.

Homeless Surveys

- Trained homeless conduct interviews with other homeless on the street.
- Peer – to – Peer Interviewing increases rapport and therefore leads to quality data.
- Homeless interviewers use local and community knowledge to find homeless respondents.

Working with Media and Elected Officials

- Public awareness campaign.
- Recruitment of community volunteers.
- Buy-in and participation from county and city governments.
- Participation from local media outlets.

Working with the media

CAP:

- Press releases for telephone surveys and press conference (with data highlights)
- Nominate community heroes in newspaper
- Profile heroes in daily newspaper and radio
- Meet and greet reporters and editorial boards
- Press conference with heroes
- Appearances on TV, radio, print.
- Reporters have the CAP and include in articles

Working with legislators

CAP:

- Invite legislators to speak at press conference
- Include four different city councils, Board of Supervisors, California Senate and Assemblymember, and Congressman
- Hand deliver copy of the CAP to each legislator
- Highlight data the legislator cares about
- Work with legislators to write legislation



Applied Survey Research
www.appliedsurveyresearch.org

Deanna Zachary, Project Manager
deanna@appliedsurveyresearch.org

Watsonville Office
P.O. Box 1927
Watsonville, CA 95077
(831) 728-1356



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Community Vision Osceola County, Florida



Humble Beginnings

- In 1996, Community Vision recognized the need for an assessment of the quality of life in Osceola County, Florida
- A set of community indicators was identified and a committee of local volunteers joined together to collect relevant data
- The compilation of information and statistics resulted in the publication of the first Osceola County Community Report Card

Community Report Card

- Biennial publication distributed countywide
- Comprehensive profile of our community's strengths and challenges
- Used by elected officials when making decisions about the allocation of resources
- Offers an apolitical assessment written in a non-accusatory manner

What are Community Indicators?

- Quantitative measures of the quality of life in Osceola County
- Measurable over time (longitudinal)
- Idealism vs. Pragmatism
- Identify emerging trends and areas in need of improvement
- Generate dialogue and encourage community involvement

Focus Areas

- Economic Health & Development
- Tourism
- Growth Factors
- Transportation
- Education
- Health & Well-Being
- Safe Homes & Neighborhoods
- Natural Environment
- Community Decision Making



Value of the Publication

- The Community Report Card has been the bellwether of evolving issues that have yet to garner the attention of policymakers
- Our reports have been proven through voting results, media articles, and other measures of public opinion to be a true reflection of the community's beliefs
- The Community Report Card has been the momentum for the creation of more than 100 local community initiatives

Community Report Card

- 2006 publication was made available to more residents than ever before
- A full color abstract of the report appeared as an insert in the local newspaper (more than 40,000 households received a copy of the publication)
- The document is distributed throughout the year at community events and copies can be obtained in government buildings
- Available online at www.communityvision.org

Impact of the Publication

Indicator: Fragmented Local Government

Response: Elected Officials Summit

Indicator: Economic Diversity

Response: Economic Development Summit

Indicator: Availability of Natural Resources

Response: New Legislation (SAVE Osceola)

Indicator: Healthcare for the Uninsured

Response: Mobile Medical Express

Indicator: Healthcare for the Uninsured

- The 2002 report card revealed the grim impact of a service-based economy on local health and social service organizations
- Department of Health & Human Services designated Osceola County as a medically underserved community for low-income populations



Indicator: Healthcare for the Uninsured

- 29% of the county's adults do not have health insurance
- Osceola County needed to expand the quantity of medical homes for its indigent while decreasing the inappropriate use of emergency rooms

Response: Mobile Medical Express

- Community Vision and its collaborators developed an integrated primary care system to accommodate the needs of the local uninsured population
- Funds obtained from a federal grant were used to launch the Medical Mobile Express
- The vehicle is a “rolling doctor’s office” that travels to nine underserved areas



Response: Mobile Medical Express (MME)

- Any adult meeting eligibility requirements (200% of the Federal Poverty Line) is provided healthcare free of charge
- Through a network of volunteer providers, the MME has made notable improvements in the coordination of care available to the county's underprivileged residents
- More than 1,200 residents have received care aboard the MME



*Community Vision*TM
IT'S UP TO US!

1502-B Village Oak Lane
Kissimmee, FL 34746
(407) 933-0870
www.communityvision.org



Family Connection Partnership

Improving Outcomes for Georgia

Family Connection: Dedicated to Improving Outcomes at Local Level

- Driven by Kids Count statistics
- Started with 15 communities in 1991
- Has grown to the largest statewide network of collaboratives in the nation (159 counties) committed to improving results for children and families in Georgia



What is a County Collaborative?

A public/private partnership that serves as the local decision-making body for improving results for children and families.

Those partnerships include leadership from:

- public agencies
- private nonprofits
- local governments
- consumers/volunteers
- business
- education
- faith-based organizations





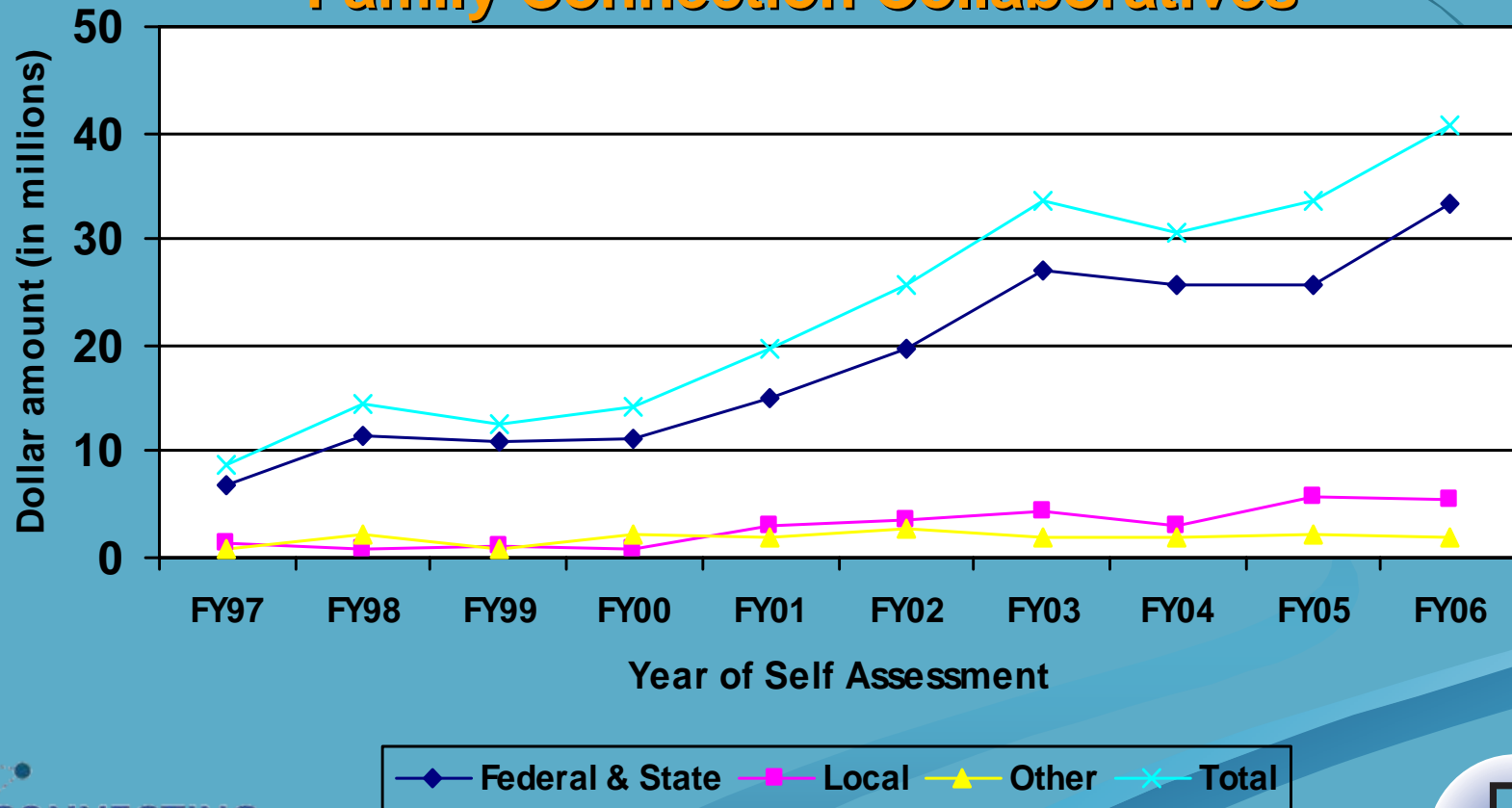
A County Collaborative...

- Develops, implements and evaluates a community strategic plan
- Makes decisions about results that are desired
- Sets priorities to achieve those results
- Allocates resources
- Holds itself accountable for the well-being of children and families in the community
- Measures results on more than 50 indicators of child well-being using KIDS COUNT data



Leveraging Dollars: \$5 to 1

Statewide Sums of Cash Contributions to Family Connection Collaboratives



Original Indicators Framework

- Commission created 1995
- Adopted 5 result areas; 26 indicators for communities to use to measure progress





Dedicated to Improving Outcomes at State Level

- Family Connection Partnership was created in 2001 to provide formal support to the Family Connection statewide network.
- Our vision is for Georgia's children to be healthy, ready to start and perform better in school, and have stable, economically self-sufficient families.



Family Connection Partnership

- Provides training and technical assistance to communities, primarily Family Connection county collaboratives.
- Serves as a resource to state and local agencies, and elected officials across Georgia.
- Maintains database on community-driven priorities, plans, strategies.
- Conducts evaluation of strategies and impact of collaboration on results.
- Manages the largest repository of data on child and family well-being—Georgia KIDS COUNT.
- Serves as KIDS COUNT grantee for Georgia.

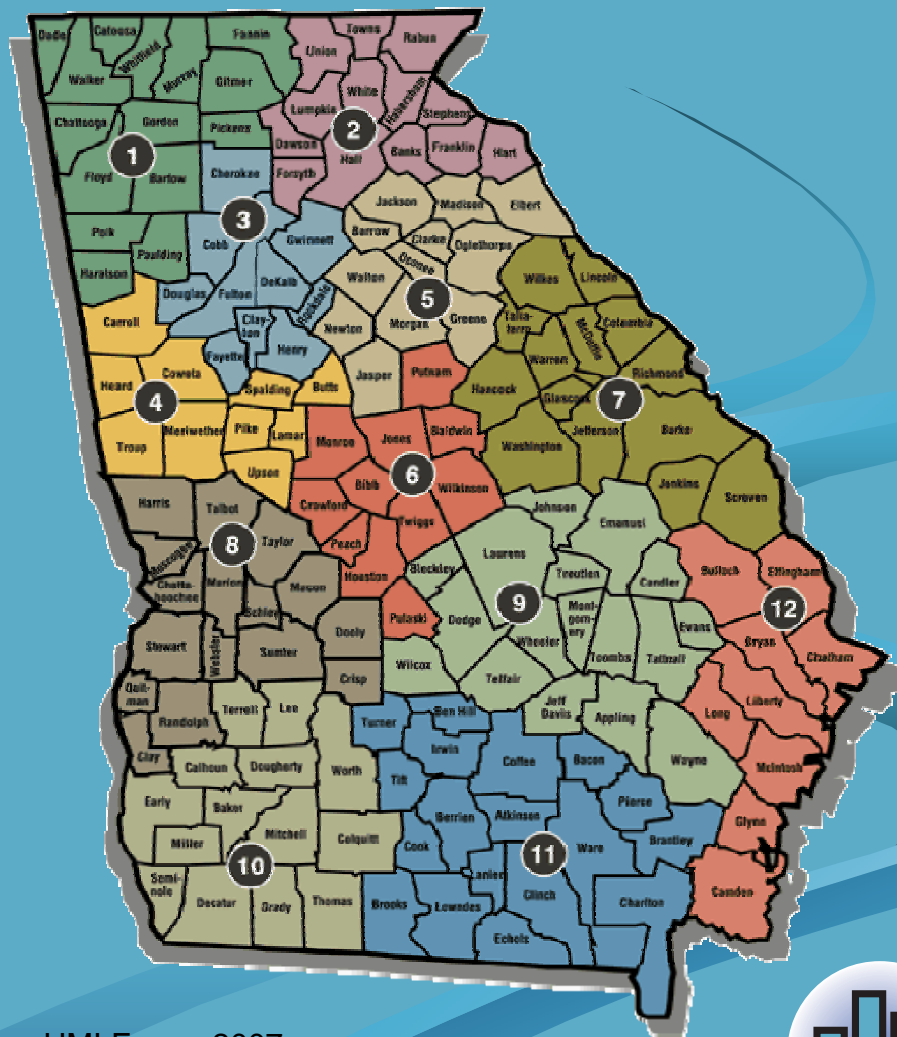


Regional Organization and Support

12 Regions

Regional staff

Core infrastructure for statewide network provided by Family Connection Partnership





Indicator Review Project - 2005 Committee Representation

- Department of Education, Governor's Office of Student Achievement
- Division of Public Health, Policy, Planning and Evaluation
- Bright from the Start: Georgia Department of Early Care and Learning
- Voices for Georgia's Children
- Department of Technical and Adult Education
- Division of Mental Health, Developmental Disabilities and Addictive Disease
- Governor's Office of Planning and Budget



Committee Representation

- FCP Board
- Georgia Department of Human Resources
- Division of Family and Child Services, Evaluation and Reporting Section
- Department of Juvenile Justice, Office of Technology and Information Services
- The Barton Child Law and Policy Clinic, Emory University
- Division of Public Health, Office of Health Information and Policy
- Department of Community Affairs



Review Procedures

- Full Advisory Committee held 8 meetings between 11/04 and 6/05.
- Data Advisory Team held 5 meetings between 11/04 and 6/05.
- On-line survey conducted – 360 respondents
- Focus groups in FCP Regions 4 and 6

Criteria for Inclusion

- Reliable state data source
- Consistent data collection, at least annually
- Available at a county-level
- Construct validity
- Face validity





Five Result Areas

- Healthy Children
- Children Ready to Start School
- Children Succeeding in School
- Stable Self-Sufficient Families
- Strong Communities



Indicator and Benchmark

- Indicator – A descriptor of an event or condition that is used to define the status of a Result Area.
- Benchmark – A statement of intent regarding desired change in an Indicator.



Indicators and Benchmarks

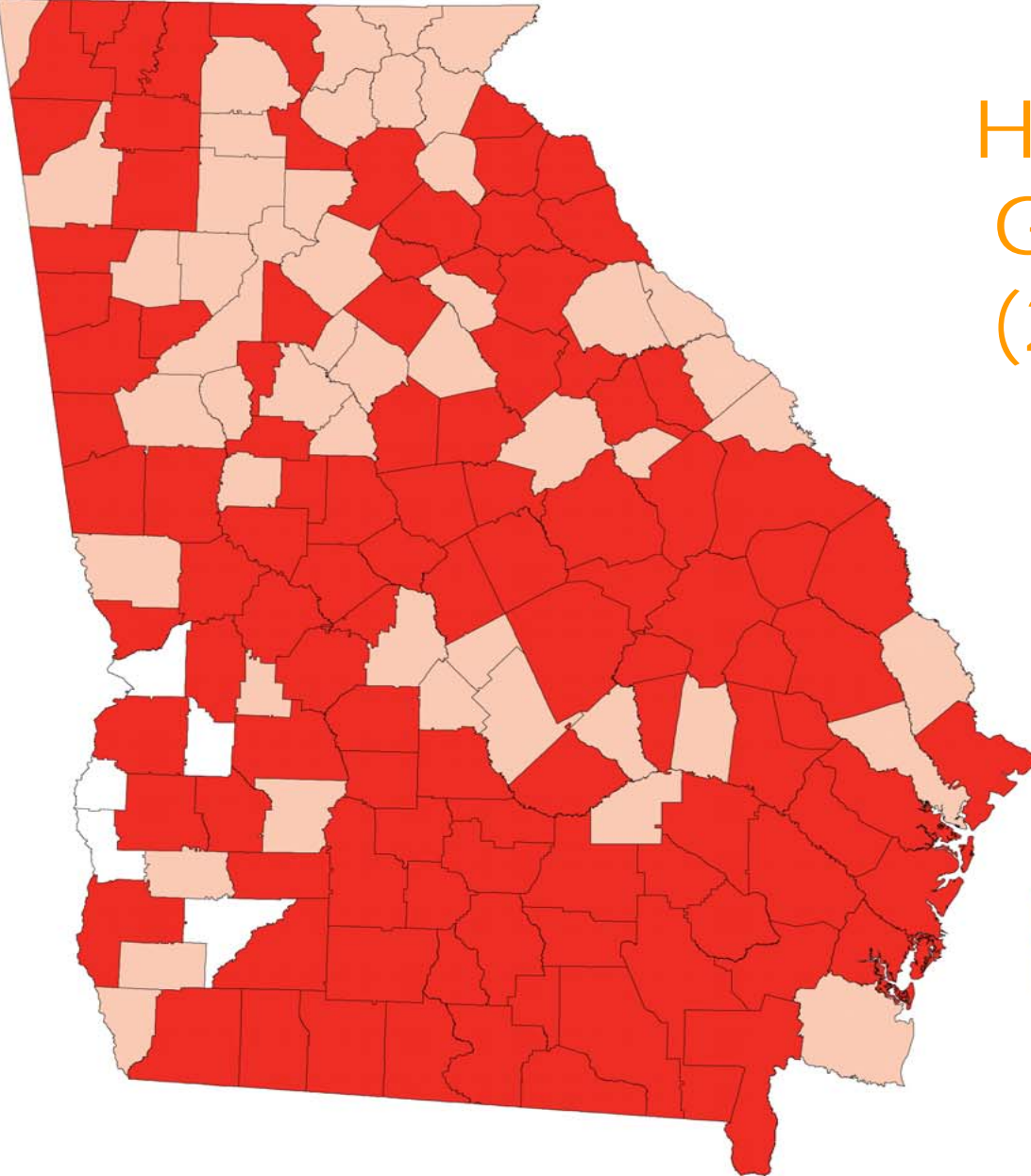
FCP Indicators of Child and Family Well-Being allow communities to develop county level benchmarks.

For example:




Indicator – Teen mothers giving birth to another child before age 20.

Benchmark – Reduce percent of teenage repeat births in Sample County from 20.4% in 2003 to 17% by 2008.

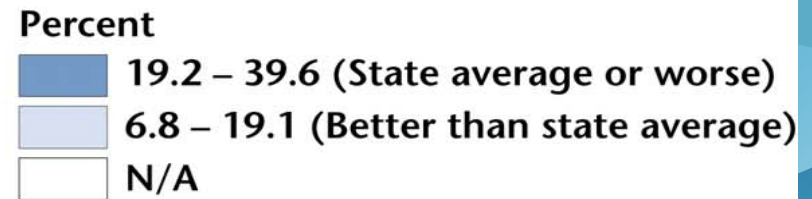
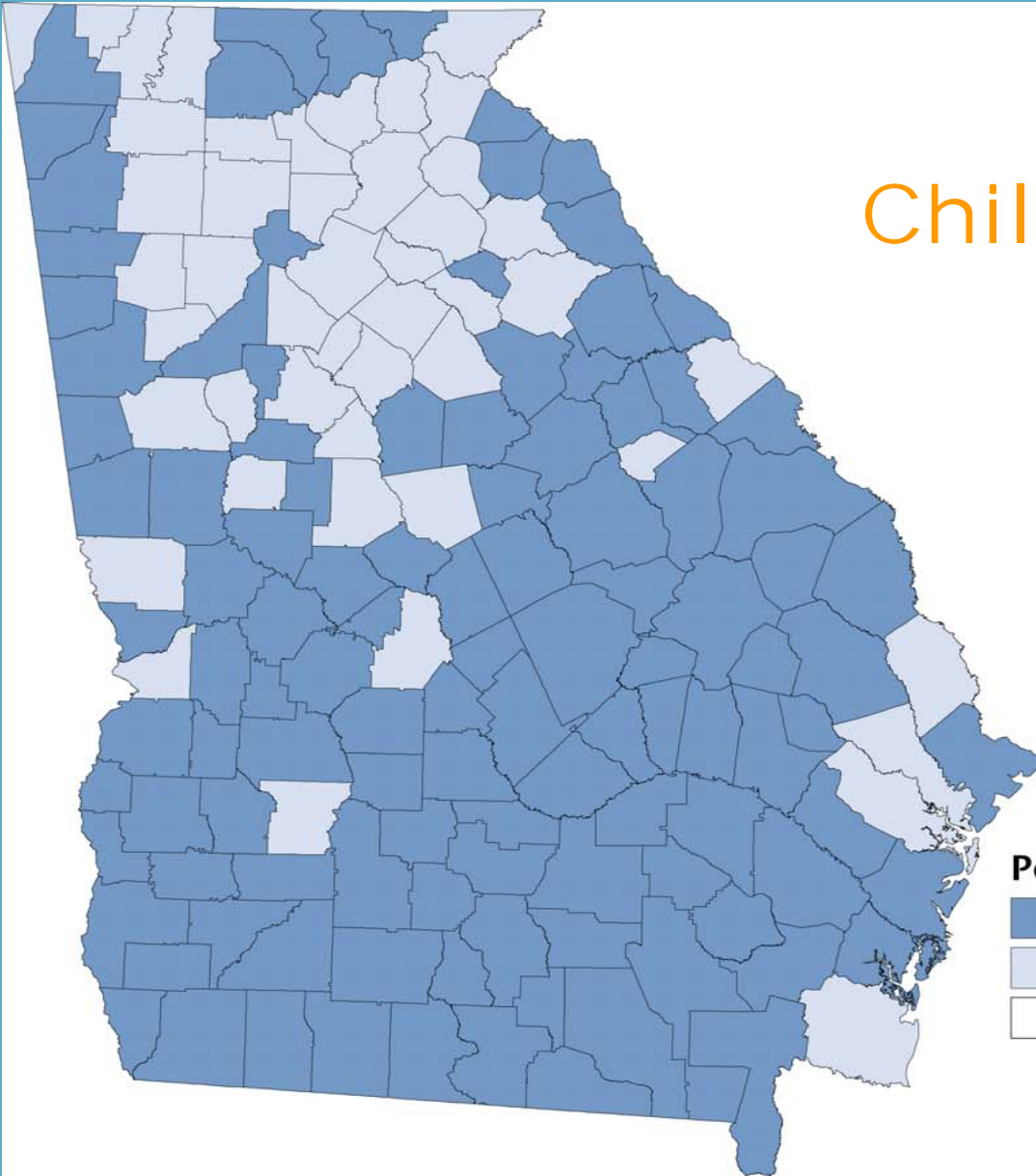
High School Graduation (2004-2005)



Percent

-  34.0 – 69.3 (State average or worse)
-  69.4 – 91.0 (Better than state average)
-  N/A

Child Poverty (2003)





Does the work of Family Connection Collaboration result in improved outcomes?



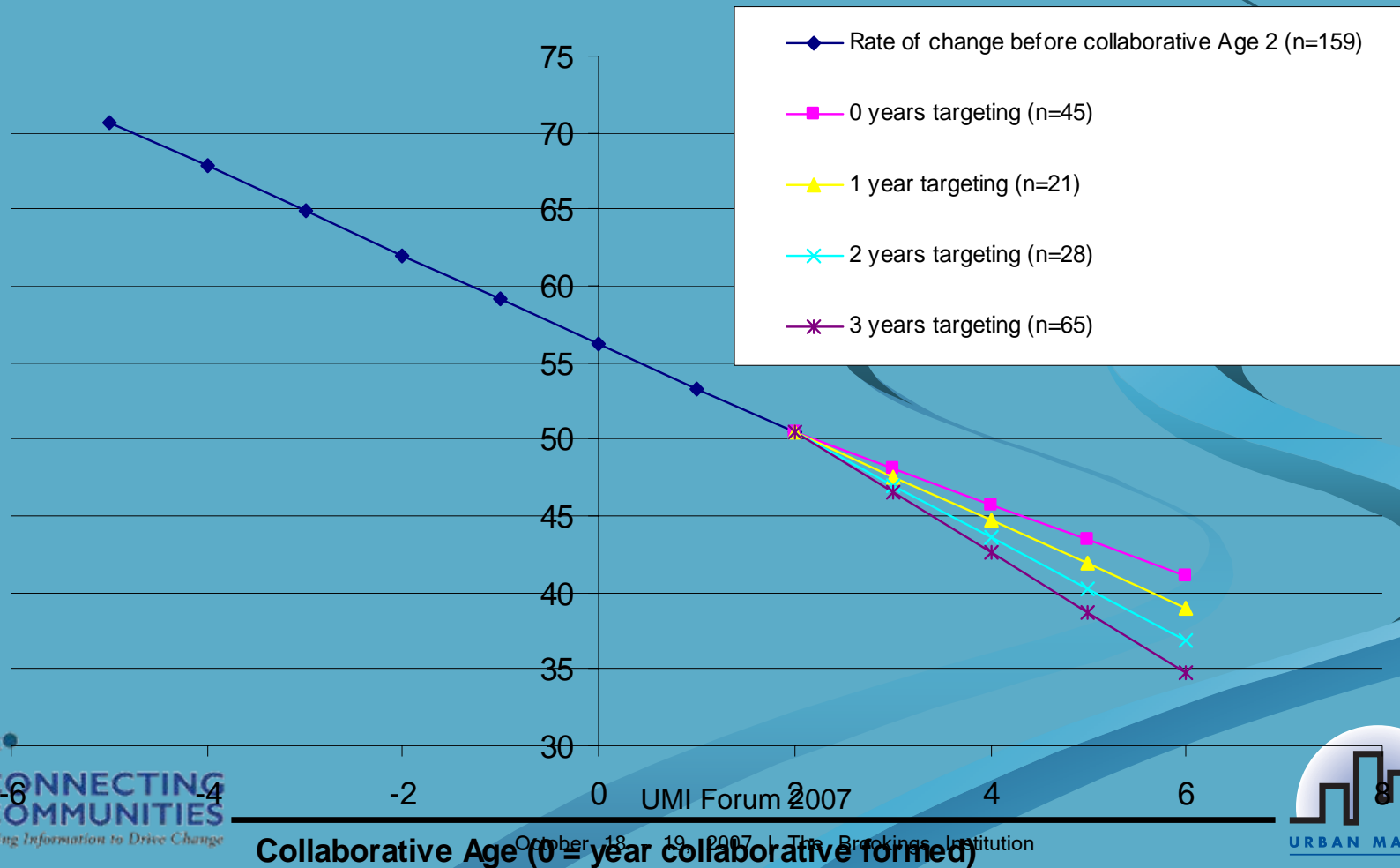
Improved Outcomes

- Evidence is mounting that Family Connection is making a difference.
- We need to understand it takes time to see a return on investment.
- By investing in evaluation, we can track the results of collaboration.
- Findings used by policymakers, budget staffs, and program staff to adjust policy and practice



Teen Pregnancy Findings:

Teen pregnancy rate by collaborative age/targeting





A Stronger Georgia by 10%

- Infant mortality stagnant for 10 years.
We can achieve a 10-percent improvement by:
Preventing ONE infant death, per county

Infant Mortality

The infant mortality rate is the number of deaths to infants under 1 year of age per 1,000 live births.

Where are we now?	What will it take to be the best?	What will it take to make a 10% improvement?	What does a 10% improvement mean per county?
Georgia ranks 43 rd in the nation; 8.5 per 1,000 Georgia infants die before age 1 (1,153 infants).	Georgia needs to attain an infant mortality rate of 4.0 per 1,000, reducing the number of infants dying in their first year by 610. New Hampshire is best in the nation at 4.0 per 1,000.	The number of infants dying before age 1 in Georgia will have to decrease by 115 to achieve an infant mortality rate of 7.6 per 1,000.	An average of one infant death prevented per county.



A Stronger Georgia by 10%

- High school dropout rate, 48th in nation.
- We can achieve a 10-percent improvement by:
Keeping 34 students in school, per county

High School Dropouts

The high school dropout rate is the percentage of teens ages 16 to 19 who are not enrolled in school and are not high school graduates. Those who have a GED or equivalent are included in this measure.

Where are we now?	What will it take to be the best?	What will it take to make a 10% improvement?	What does a 10% improvement mean per county?
Georgia ranks 48 th in the nation; 12% of the state's youth ages 16 to 19 drop out of high school (53,333 dropouts).	Georgia will need to attain a high school dropout rate of 3%, reducing the number of dropouts by 39,800. Iowa and North Dakota are best in the nation at 3%.	The number of teens dropping out of school will have to decrease by 5,333 to achieve a high school dropout rate of 11%.	An average of 34 fewer high school dropouts per county.



Family Connection Partnership

For more information contact:

Gaye Smith, Executive Director

235 Peachtree Street, Suite 1600

Atlanta, GA 30303

404-527-7394

Fax: 404-527-7443

Gaye@gafcp.org

www.gafcp.org